Great Beginning for the eJACOP

By Michael G. Hunt, DO, FACOP
Editor-in-Chief, eJACOP

We have reached an exciting milestone for our electronic journal, eJACOP. Three issues have been released and we are making preparations for the fourth edition (a full year of publication). The electronic journal is proud to be the host of peer-reviewed research, reviews and articles. The journal is establishing itself as the osteopathic tool to broadcast to our osteopathic colleagues and fellow allopathic pediatricians the active academic accomplishments of osteopathic students, residents and pediatricians. We have so much talent within our osteopathic pediatric community that the journal rejoices at the opportunity to showcase these efforts. I want to personally thank the authors who have dedicated their time and efforts in making it possible for the journal to exist. I want to encourage all pediatricians to use the eJACOP as another pediatric resource that establishes the ongoing evolution of pediatric care.

The journal has contained a wide variety of outstanding research and review articles, and offers the added value of continuing medical education credit. The current edition features: Insulin Pump Use in Children with Type 1 Diabetes, authored by Sarah A. MacLeish, DO, and Food for Thought, authored by Linda Jones-Hicks, DO, FACOP, FAAP. The articles are simply “OUTSTANDING”.

The journal strives to be a peer-reviewed forum for osteopathic pediatric programs to gain insight into the process of research submission. The journal is enjoying dialogue with the American Board of Osteopathic Pediatricians to prepare candidates for certification and recertification. The journal will actively reach out to active osteopathic physicians who conduct research in all pediatric specialties.

As I prepare to celebrate the journal’s first birthday and all of the developmental milestones achieved, I look forward to the exciting second year. Please forward the name of any osteopathic pediatricians conducting research so we can reach out and invite them to submit their work.

Michael G. Hunt, DO, FACOP

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I am honored to have the opportunity to serve the American College of Osteopathic Pediatricians as President for the next two years. Honored and a bit intimidated...Bob Hostoffer is a really tough act to follow. His presidency was one of the most energetic, effective and prolific in the past decade. Bob championed the students and student clubs, created the Conduit for Success, engineered the POMT and pushed for a meaningful in-service exam available to all of our training programs. Bob initiated the e-Journal and helped publish the first two issues. His enthusiasm and drive have moved ACOP into the forefront of osteopathic specialty societies and have reaffirmed our osteopathic and pediatric foundations.

A tough act to follow, but a great infrastructure to build on. Over the next two years, I plan to advance our reputation as the premier providers of timely, interesting and relevant osteopathic continuing medical education. The theme for my presidency is Risky Business: Prevention and Safety for the Pediatric Population. I hope we will be able to look at varied risks such as predators on the internet, teens texting while driving, underage drinking, car seat use/misuse and vaccine avoidance. These are ALL risky businesses!

We will continue to nurture osteopathic medical students with an interest in pediatrics and will look for ways to expand osteopathic pediatric graduate medical education. We have created two new committees – one to deal solely with the myriad of issues surrounding vaccines and one to serve as advocates/media relations respondents. We will continue to explore our relationship with the AAP and the section of the AAP created for osteopathic pediatricians. To that end, Dr. Hostoffer has agreed to be our liaison to the AAP's leadership, a role which will fall to each Immediate Past President. We also look forward to exploring partnering opportunities with other osteopathic specialty societies, both for CME opportunities, as well as in advocacy situations.

I look forward to meeting and talking with as many members of the college as possible and to hear your concerns and wishes for the college. While building membership is important, serving our members is critical. The Board of Trustees and the officers of the college need to hear from the membership, in person at meetings or through emails via our website. I plan to work very hard so that two years from now, mine will be a hard act to follow as well.

Cyril Blavo Nominated
Cyril Blavo, DO, FACOP, has been nominated by AOA President Carlo J. DiMarco, DO, to serve on the AHRQ U.S. Preventative Services Task Force.

The USPSTF makes evidence-based recommendations to the health care community and the public regarding the provision of clinical preventive services.

Dr. Blavo is Professor of Pediatrics and Public Health at Nova Southeastern University College of Osteopathic Medicine.
I’ve written about it before, but it bears repeating. About those two little letters that cause so much confusion: Dr.

When you read an article or newspaper account about “Dr. Smith”, don’t you always wonder, not who he is, but what he is? You read that “Dr. Smith said today that certain dental problems in childhood may cause aggravation of hypothyroidism or even mental states.” Interesting, but just who is he? Or rather what is he?

Is Dr. Smith a pediatrician? Could be. But he might easily be a dentist (DDS), an internist (MD), a physiologist (PhD), a psychologist (PsyD) or a psychiatrist (DO or MD). He might even be a philosopher (PhD) or an educator (EdD) who is just commenting. In some instances, it could be an OD, PharmD, DPM, or one of a dozen other “doctors.”

The use of “Dr.” without clarification is to be condemned, whether in a news article or a magazine feature – or in a telephone book, or on an office sign. As I have written before, you want to know what he or she is before you take off your clothes. Or before you use the text as gospel. Or before you refer a patient.

Most of this mislabeling is created by reporters and other writers (who insist on using “Dr. John Jones”) and by standard formats dictated by style manuals of certain publications. And that is difficult to change.

On the other hand, we – as osteopathic physicians – often contribute in a small way to this confusion. We sometimes sign our names as “Dr.” instead of DO. Sometimes we have office signs with “Dr.” Or, in talking to reporters (print, radio or TV) identify ourselves as “Dr.” So, what kind of doctor are you? The proper answer is, “I’m an Osteopathic Pediatrician,” or “An Osteopathic Physician” or “A DO Pediatrician.” Probably in a bad situation, we may not want people to know exactly, but in every good instance, you want the world to give you credit and to avoid all possible misunderstandings.

What do I propose? Simply put, abide by the laws set down in many states and in the AOA Code of Ethics: In the professional use of your name, always identify your school of practice. With that in mind, here are a few brief specifics:

Letters. In signing letters, always sign your name, with DO following it. In a letter, never address anyone as Dr. John Jones – always John Jones, followed by the degree, but in the salutation, Dear Dr. Jones is correct.

Speaking. In direct conversation, address the person as Dr. John Jones, regardless of his or her degree. In introducing him, it is Dr. John Jones, immediately followed by a phrase, describing him as “a DO pediatrician” or “an MD cardiologist”. Or suitable equivalent.

Articles. By-lines always are John Jones, DO – or the appropriate degree, not as “Dr.”. References to others is with the degree, not “Dr.”. Or if you say “Dr.” follow it with a brief categorization, e.g., a podiatric surgeon, a dental professor, an MD pathologist.

Other. All professional situations – prescription pads, notes, signs, letterheads, envelopes, etc., use your name and degree, not “Dr.”

One final question: What degree should you use? Always use your highest earned degree (in most cases this will be DO) but not undergraduate degrees. Degrees beyond the doctorate (if appropriate to your major field) may be used, such as MSc. You also may use any Fellowship degrees, e.g., FACOP, depending on where your name is to appear.

They say that a rose by any other name would smell as sweet, but in professional affairs, it is better to have complete identification.

The author presents, objectively and clearly, several of the “staggering” practice problems and complications facing the general pediatrician today. He concludes that they could possibly lead to the demise of this practice field, unless “we effectively address the challenges.”

(This letter may be found on pages 4 and 62 of the January, 2009 issue.)
“Hello, Arnold, this is Ian Watson.” (Whoa! I don’t know any Ian Watson.)

Thus opened a brand new chapter in an important topic – his grandfather, James M. Watson, DO. Yes, the same one: Founder of ACOP, and a revered pediatrician extraordinaire.

I was thrilled to talk to his grandson, now living in Iceland. He sent me more information than I ever knew about this outstanding physician, plus some old and interesting pictures. And I immediately thought that many of our members – both young and old – would be captivated by learning more about the namesake of the James M. Watson Memorial Lectureship.

This is no ordinary biography. It consists of facts derived from the recollections and collections of a loving and interested grandson – and is here recorded by a distant admirer.

**Personal Life**

Dr. Watson was born June 15, 1891, in Los Angeles. His parents, Nellie Florence Jones, a New Yorker, and James Watson, a Scotsman, had met at a utopian, vegetarian colony in New Mexico, and later moved to Los Angeles. In 1898, when he was 6-years old, his 2-year old sister (and only sibling), died of an infectious disease. The experience perhaps influenced his decision to become a pediatrician. His parents divorced in 1903; his mother remarried and adopted ten orphans. His father was a naturopathic physician. Dr. Watson’s son claimed that his father’s shame at his own father’s lack of medical qualifications spurred Dr. Watson to become a “real doctor.”

**Professional Life**

He graduated from Los Angeles Polytechnic High School in 1912, and from the College of Osteopathic Physicians and Surgeons (Los Angeles) in 1915. Dr. Watson interned at Los Angeles County hospital, 1916-1917. Then he studied at the Institute for Infectious Disease Research at the University of Berne, Switzerland, from 1923 to 1924, and received an MD degree from that University. Following that, he took graduate work in Vienna.

For many years, he was the chief of the Pediatric and Infectious Disease Service at Los Angeles County Hospital, a division he himself had organized. In this position, he created the first ever osteopathic pediatric residency. He served as Professor of Pediatrics at COPS for a long time, eventually becoming professor emeritus.

**Other Achievements**

Dr. Watson was a founding member of the Southern California Osteopathic Hospital, and a staunch member of AOA, COA, and local osteopathic societies. He introduced our profession to the City Health Department of Los Angeles. The first osteopathic pediatrician in California, he was also attending pediatrician at several community osteopathic hospitals, and he served as chief of the pediatric clinic organized in the Los Angeles School District.

He organized the Osteopathic Pediatric Society of Los Angeles. This was the forerunner of the ACOP, which he established in 1940. He became ACOP’s founder, first Fellow and served as its first President. As well, he was founder, in 1941, and first chairman of the American Osteopathic Board of Pediatrics, one of the earliest osteopathic certifying boards.

In a eulogy in the Bulletin of Pediatrics, Robert Magrill, DO, a trainee of Dr. Watson and one time President-Elect of ACOP, wrote this tribute: “We are deeply saddened by the passing of Dr. James M. Watson. He was a source of inspiration to all who came in contact with him. He devoted himself to Pediatrics and was truly the Father of the Pediatric College. His wisdom and counseling served to stimulate interest in our group, among the newer and younger members alike. His passing will be deeply felt and will leave an unfilled void in our midst.”

Dr. James M. Watson was truly a man of deep vision, of dynamic action and of wide interests – and an outstanding clinician. We have good reason for still honoring him today.

Thank you, Ian Watson!
Three resolutions presented by the ACOP were approved, with minor modifications, by the AOA Board of Trustees and its Reference Committees. They were:

Resolution 1, Vaccines
WHEREAS, there has been public opposition to standard and medically accepted practices supported by the national lay press and celebrities; and WHEREAS, these objections have been based on anecdotal information; and WHEREAS, the American College of Osteopathic Pediatricians (ACOP) has joined an alliance of pediatric groups that have come together to oppose the refusal of vaccination that is based on anecdotal information; now therefore, be it RESOLVED, that the AOA continues to promote evidence-based information on vaccination compliance and safety.

Resolution 2, Teenage Alcohol Abuse
WHEREAS, over 11,000 U.S. teenagers and youth daily try alcohol for the first time; and WHEREAS, children who are drinking alcohol by 7th grade are more likely to report academic problems, substance abuse, and delinquent behavior in both middle and high school; and WHEREAS, young people who begin drinking before age 15 are four times more likely to develop alcoholism than those who begin drinking at age 21; and WHEREAS, alcohol is a leading cause of death among youth, particularly teenagers; and WHEREAS, alcohol contributes substantially to adolescent motor vehicle accidents, other traumatic injuries, suicide, date rape, and family and school problems; now therefore, be it RESOLVED, that the American Osteopathic Association endorse continuing medical education for health care professionals to aid them in educating lower and middle school students of the dangers of alcohol; and be it further RESOLVED, that the American Osteopathic Association endorse outreach programs to elementary “lower” and middle schools to create awareness of the dangers of alcohol.

Resolution 3, Inhalation of Volatile Substances
WHEREAS, the inhalation of volatile substances (huffing) is becoming increasingly used by children 12 to 14 years of age; and WHEREAS, 20% of the nation’s 8th graders have tried huffing; and WHEREAS, the most common cause of death from huffing is cardiac arrest; and WHEREAS, 22% of the deaths associated with huffing occur from first time use; now therefore, be it RESOLVED, that the American Osteopathic Association endorse continuing medical education and medical literature to enhance physician awareness of inhalation of volatile substances (huffing); and be it further RESOLVED that the American Osteopathic Association endorse campaigns to enhance public awareness of the crisis.

For the year 2009-2010, the ACOP had taken on the theme of “Risky Behavior in Pediatric Patients.” With these resolutions, ACOP has asked to partner with the AOA in the propagation of information to parents and physicians about these dangerous behaviors.

These resolutions went to the AOA Board of Trustees and to the appropriate Reference Committees in Washington and now will be presented to the House of Delegates in July.
Some Views on the Indian Health Service

By Captain Judith Thierry, DO, MPH, FACOP
Rockville, MD

As a National Health Service Corps Scholarship (NHSC) recipient in 1978 entering Michigan State College of Osteopathic Medicine (MSUCOM), I was ready to designate the Indian Health Service (IHS) as my future employer. Just like that! Indeed, as I look over a career of nearly thirty years with the IHS, there remains for me this fresh curiosity. Growing up in Kalamazoo, Michigan, my physician, Dr. Frederick Margolis, was known to have worked at Fort Defiance on the Navajo Nation. I literally had no other direct exposure to reservations or native culture. The lesson for me is, “Don’t dismiss your formative impact or presence on children, students or residents.”

My prior military service in the Army Nurse Corps during the Vietnam Era (I did not go to Vietnam) broke down barriers of leaving home and state, and I moved my young family to the southwest where we took up residence on the hospital compound at the Acoma Canoncito Laguna (ACL) Public Health Service Hospital in 1986. Fresh from my pediatric residency with a husband, a 15-month-old daughter (caught by Marla Signs, DO, FACOP) and my 5-year-old son, we fell into a vibrant family and work life in a world and environment far removed from Michigan. The Tribal communities were rich in tradition, filled with growing awareness of self-governance, aware of their healthcare needs and the ever-posed question of “How long are you going to stay?” My rotating internship stood me well for general practice, and emergency medicine, including highway trauma, prenatal care and attending at the Laguna Rainbow long-term care facility. My pediatric training probably had me overqualified for the day-to-day needs of a rural hospital where any seriously ill infants and children were transported to Albuquerque, NM. Nevertheless, I turned my interests toward children with special health care needs and assessment and worked to develop a multidisciplinary team.

In March, I will return to ACL to provide clinical service and work with the electronic health records lead on the graphical user interface for our well-child module, a part of our national medical information system. Since 2001, I have administered the Maternal and Child Health Program for the IHS. We have advanced the surveillance footprint for MCH epidemiology, improved outreach for high-risk prenatal patients, orchestrated an international indigenous midwifery meeting, and used the National Survey on Child Health data and 32 indicators to describe American Indian and Alaska Native (AIAN) children and youth status. Collaborations with federal, state and tribal organizations and agencies are abundant – did I say I am in Washington DC? I receive clinical calls and requests to find an osteopathic physician – reminding me of my roots, my elders at Michigan State College of Osteopathic Medicine and my Pediatric Residency professors and attendings. January 21st was the start of a new year for me – still fresh with curiosity and looking for collaborations to raise the health status of Indians.

(Editor’s Note: Captain Thierry can be reached at 9809 Freestate Place, Montgomery Village, Maryland, 20886, or Judith thierry@ihs.gov.)

Visit www.acopeds.org for the latest ACOP Information!
Swine Flu Prevention

As the nation monitors the intensifying “swine flu” outbreak, the United States Breastfeeding Committee (USBC) recommends breastfeeding as a critical strategy to prevent infection. The Centers for Disease Control and Prevention (CDC) issued updated guidance today on H1N1 (swine) flu considerations for pregnancy and breastfeeding stating that, “Infants who are not breastfeeding are particularly vulnerable to infection and hospitalization for severe respiratory illness. Women who deliver should be encouraged to initiate breastfeeding early and feed frequently.”

Read the CDC guidance here: www.cdc.gov/h1n1flu/clinician_pregnant.htm

Medical experts agree with the U.S. Department of Health and Human Services in recommending exclusive breastfeeding for six months and continued breastfeeding for the first year of life and beyond. USBC Chair Joan Younger Meek, MD, MS, RD, FABM, IBCLC, affirms the importance of breastfeeding in emergency situations. Dr. Meek states, “Research clearly shows that breastfeeding provides a safe, reliable food source, full of disease-fighting cells and antibodies that help protect infants from germs and illnesses. Mothers exposed to influenza produce specific protection for their infants and transmit this through their breast milk. Infant formula does not provide these specific infection fighting properties. Unnecessary formula supplementation should be eliminated so the infant can receive as much benefit as possible from maternal protective antibodies and other immune protective factors.”

Women can continue to breast feed while receiving antiviral medications. CDC guidance recommends that if a woman is ill, she should continue breast feeding and increase feeding frequency. If the mother or infant is too ill to breast feed directly at the breast, the mother should be encouraged to pump and feed her breast milk to her infant. In certain situations, infants may be able to use donor human milk from a milk bank certified by the Human Milk Banking Association of North America (www.hmbana.org).

The CDC reports that although the risk of H1N1 (swine) flu transmission through breast milk is unknown, reports of seasonal flu being transmitted through breast milk are rare. In addition, by the time a mother begins showing symptoms of the flu, her infant has already been exposed. The mother’s milk can provide additional protection for the infant from complications of the flu, such as severe respiratory symptoms, diarrhea, other gastrointestinal infections, and dehydration.

In addition to continued breast feeding, parents and caretakers can help protect their infant from the spread of germs when they:

- Wash adults’ and infants’ hands frequently with soap and water, especially after infants place their hands in their mouths.
- Keep infants and mothers as close together as possible and encourage early and frequent skin-to-skin contact between mothers and their infants.
- Limit sharing of toys and other items that have been in infants’ mouths, and wash thoroughly with soap and water any items that have been in infants’ mouths.
- Keep pacifiers (including the pacifier ring/handle) and other items out of adults’ or other infants’ mouths before giving them to the infant.
- Cover the nose and mouth when coughing or sneezing.

For more information about H1N1 (swine) flu, visit the CDC’s H1N1 Flu Web site (http://www.cdc.gov/h1n1flu).
For the second year in a row, the ACOP Student Club at Oklahoma State University sponsored a Mini Med School for young children. Led by Lauren Conway, student President, more than 90 children participated in a fun afternoon laced with important health information. They had three twenty-minute sessions on Nutrition, Exercise and Anatomy.

In the nutrition session, the kids made trail mix, were served fruit juice and granola bars and learned about the food pyramid. The exercise group participated in relay races. In the anatomy portion, the children studied internal organs and the skeletal system with cadaveric specimens they could touch.

The children were from a neighborhood school, one of the most financially challenged in the Tulsa area. The ACOP student club has “adopted” this school. According to Lauren, the children were given cookbooks, held drawings to win bike helmets and were given hygiene gift baskets (shampoo, toothpaste and the like), along with other gifts...

Guided by Stan Grogg, DO, FACOP, the group’s advisor, the Mini Med School program was initiated last year by then student President, Binh Phung. ACOP Student Club members participated and other students were invited to take part. Parents are not directly involved, but are kept informed by the school.

NSU COM ACOP Student Club

ACOP Students Club of Nova Southeastern University presented its annual Arnold Melnick, DO, Child Advocacy Award recently to John Wright, MD, Director of Pediatric Forensic Medicine for Broward County (FL). It was presented by Nikita Patrawala, President of the ACOP Student Club.

Edward Packer, DO, FACOP, Chairman of the Department of Pediatrics at the College, serves as the club’s advisor.

Attention Student Clubs! Share your club activities with PULSE for an upcoming issue. Email your story and photos to bob@acopeds.org.
Among all specialties in frequency of malpractice claims, Pediatrics ranked 10th.

Among all specialties in average indemnity paid, Pediatrics ranked 4th.

Total indemnity paid, Pediatrics ranked > $34 million.

Nearly $400,000.

Average indemnity paid.

Percent of cases based on failure to diagnose, Pediatrics ranked 52.

Percent of closed claims which resulted in money paid, Pediatrics ranked 29.

Percent of cases where no money was paid (cases dropped/lost), Pediatrics ranked 70.

Average defense costs for all claims, Pediatrics ranked over $33,000.

Average defense costs for cases where payment was made, Pediatrics ranked nearly $60,000.

Largest payment, Pediatrics ranked $3.2 million.

The ACOP 2009-2010 Board of Trustees Election was held from December 15, 2008 through January 19, 2009. The membership has voted. Margaret A. Orcutt-Tuddenham, DO, FACOP, was installed as the new President of ACOP at the recent annual meeting. Dr. Orcutt-Tuddenham – “Peg” – a captain in the Medical Corps, has served as Vice President for the past two years. Elected to the position of Vice President at that meeting was James E. Foy, DO, FACOP, and Scott S. Cyrus, DO, FACOP, was chosen as Secretary-Treasurer.

The newly elected Board of Trustees and contact information is listed below.

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American College of Osteopathic Pediatricians

Welcome to our New Members!

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Facebook Anyone?

By Gregory Garvin, DO, FACOP
Associate Editor

According to *Wikipedia*, the free encyclopedia, “Facebook” is a free-access social networking website.

Users can join networks organized by city, workplace, school or region to connect with other people. People can add “friends” and send them messages. Facebook was founded by Mark Zuckerberg and several fellow computer science major students when they were at Harvard University in February of 2004.

Originally the website was limited to Harvard students, but later expanded to include any university student or high school students age 13 and over. Currently, the website has an estimated 200 million active users worldwide.

Facebook has a number of features with which users may interact. They include terms like the “Wall,” a space on every user’s profile page that allows friends to post messages for the user to see. “Pokes” which allow users to send a virtual “poke” to each other (a notification that tells a user that they have been poked), “Photos,” where users can upload albums and photos, and “Status”, which allows users to inform their friends of their whereabouts and actions. A user’s “Wall” is visible to anyone who is able to see that user’s profile, depending on their privacy setting.

The website is: www.facebook.com and you need to “Sign Up.” I use a Blackberry Curve Smartphone and it has a link to Facebook.

My biggest concern was that parents of my patients could find me on Facebook but, from what I’ve discovered, this is not the case unless you let them “in”.

Sign-up is simple and you need to give your name, e-mail, password, etc. You are sent an e-mail with a link to finalize the process.

I was surprised to see a number of my friends with their photos. My log-in at this point only has my name and no photo. (I will probably keep it that way.)

This interface is a way you can find “someone” if you don’t know his or her e-mail address if that person is part of Facebook. Also, many of your teen patients are into “Facebook” and they may bring it up!

Happy Computing! garving@genesishealth.com

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